

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	C?	4007	9-10-00
O.I.P.E. CLASSIFIER		8	9-10-00
FORMALITY REVIEW	WM	869	11-08-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 / Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	9-6-11-7-10-8
2	✓	✓	9-5-13-28-29-30
3			
4			
5			
6			
7	✓	✓	9-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50
8			
9			
10			
11	✓	✓	
12	○	○	
13	✓	✓	
14	○	○	
15	✓	✓	
16			
17	✓	✓	
18	✓	✓	
19	○	○	
20	✓	✓	
21	✓	✓	
22	○	○	
23	N	N	N
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50	N	N	N

Claim	Final	Original	Date
51	✓	✓	9-5-11-13-28-29-30
52			
53			
54			
55			
56	N	N	N
57	✓	✓	
58	✓	✓	
59	○	○	
60	○	○	
61	○	○	
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63	○	○	
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100	N	N	N

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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